



THE CITY OF
West Des Moines®
www.wdm-ia.com

Parks and Recreation

4200 Mills Civic Parkway
P.O. Box 65320
West Des Moines, IA 50265-0320

Administration Office
515-222-3444
FAX 515-222-3459

Nature Lodge
515-222-3424
FAX 515-222-3658

Community Center
515-222-3440
Fax 515-222-3457

Park Maintenance
515-222-3450

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E-mail parkrec@wdm-ia.com

2015 – FALL SEASON ADULT VOLLEYBALL LEAGUE APPLICATION

The West Des Moines Parks and Recreation Department is now accepting applications for our upcoming “Fall Season” Adult Volleyball Leagues. **Applications, Rosters and Fees are due on or before Thursday, August 13, 4:00 pm. Teams not meeting this deadline will be accepted on an "as needed" basis.** Applications, Rosters and Fees must be postmarked by this deadline date to be considered as meeting the deadline.

OFFICE ADDRESS

West Des Moines Parks & Recreation
4200 George M. Mills Civic Parkway
West Des Moines, IA 50265
(515) 222-3444
Office hours: 8:00 am - 5:00 pm, Mon-Fri

FAX #: (515) 222-3459

MAILING ADDRESS

City of West Des Moines
Parks & Recreation Department
P.O. Box 65320
West Des Moines, IA 50265

EMAIL to: Kevin.fitzgerald@wdm.iowa.gov

Check out our web site for more information at www.wdm-ia.gov

POWER VOLLEYBALL LEAGUES

Spiking/Overhand Serves allowed

LEAGUE	PROGRAM #	START DATES	TENT. LOCATION
Coed Monday Power “A”	#14944	Sept 14	VSW Center Court
Coed Monday Power “B”	#14945	Sept 14	VSW North Court
Coed Monday Power “C”	#14946	Sept 14	VSW South Court
Coed Tuesday Power “A”	#14947	Sept 8	VSW Center Court
Coed Tuesday Power “B”	#14948	Sept 8	VSW North Court
Coed Tuesday Power “C”	#14949	Sept 8	VSW South Court
Womens Wed. Power “A”	#14950	Sept 9	VSW Center Court
Womens Wed. Power “B1”	#14951	Sept 9	VSW North Court
Womens Wed. Power “B2”	#14952	Sept 9	VSW South Court
Womens Wed. Power “C”	#14953	Sept 9	HS Gym
Coed Thursday Power “A1”	#14954	Sept 10	VSW Center Court
Coed Thursday Power “A2”	#14955	Sept 10	VSW North Court
Coed Thursday Power “B”	#14956	Sept 10	VSW South Court
Coed Thursday Power “C1”	#14957	Sept 10	HS Gym
Coed Thursday Power “C2”	#14958	Sept 10	BV Gym

GAME TIMES: Approximately 6:15 - 10:30 p.m.

LOCATIONS: VSW Valley Southwoods 9th Grade (625 South 35th St., WDM)
RM Rex Mathes (14th St. & Vine, WDM)
HS Hillside Elem. (713 – 8th St., WDM)
BV Brookview Elem. (8000 – E. P. True Parkway)
WH Woodland Hills Elem.(1120 South 95th St)

FEES: \$225 per team, \$13.50 sales tax + \$6 per {out-of-WDM} fee.

FORMAT: One “Up” Official will be provided for all matches. Spiking and overhand serving allowed. Most USVBA Rules will be followed. Teams will play a 10 match round - robin format. Power “A” is a higher competitive level. Power “C” is a lower competitive level. New Mens League will be classified as “open” until a proper competitive level is determined.

Deadline to Apply.....Thursday, August 13, 4:00 pm

IMPORTANT REGISTRATION INFORMATION !!!

- An **EMAIL ADDRESS IS REQUIRED**. Primary League communications will now be conducted via email.
- Returning teams will be defined as having at least 51% of last years members on the roster.
- Any falsification of rosters will result in an additional 25% penalty fee.
- We will accept applications, roster and fees through the mail, in person, by fax or by email if paying by Credit Card. Mailing address, office address, email address and fax # is listed on first page. Applications, rosters and fees that are mailed in or faxed must be postmarked by the deadline date in order to receive higher priority per below Acceptance Policy.
- If your team is accepted into the league, we will not refund fees that have been collected.
- **ABSOLUTELY NO** incomplete applications, rosters or fees will be accepted. Players must read and understand waiver and signatures of all players listed on the roster must be present.
- The Department has the final say in all placement of teams and scheduling of games.
- Five (5) roster changes/deletions/additions can be made after applications are processed and your team is accepted. Any changes/deletions/additions to the rosters will not be allowed until your team has been accepted. No refund or credit will be given for league entry fees once an application is accepted.
- Rosters must have minimum of 8 players and maximum of 20 players. Coed teams must always have a minimum of 4 men & 4 women on roster at all times. No player is allowed to play on more than one team in the same league.
- It is the Manager's responsibility to make sure that every player reads, understands and completes all information correctly on the team roster and/or Add-A-Player forms.
- No player is allowed to play on more than one team within the same league, in West Des Moines, in the same season. Violation of this rule will result in individual suspension and/or game forfeiture.
- Managers will be notified of team acceptance approximately 2 weeks after deadline.
- Please check off all returning players in designated area on the roster.

Deadline to Apply.....Thursday, August 13, 4:00 pm

ADULT ATHLETIC LEAGUE ACCEPTANCE POLICY

A team admission priority policy was adopted by the West Des Moines Recreation Department in 1992. It applies to all adult athletic leagues. The order of priority is as follows:

FIRST:	Returning teams:	Teams who participated in the league the previous season of the current year. (If applicable).
SECOND:	Returning teams:	Teams who participated in the league the previous year.
THIRD:	Returning teams:	Teams may be placed in another division at the Department's option in order to equalize competition.
FOURTH:	New teams:	Teams that did not participate in the league the previous season or year.
FIFTH:	Late teams:	Any team that does not meet the established deadlines set forth by the Department for applications, rosters and fees will be accepted at the Department's discretion.

IF MORE TEAMS APPLY THAN WE HAVE SPACE FOR, PRIORITY WILL BE GIVEN TO TEAMS WITH THE HIGHEST PERCENTAGE OF PLAYERS ON THEIR ROSTER RESIDING WITHIN THE CITY OF WEST DES MOINES IN ALL CASES.

Deadline to Apply.....Thursday, August 13, 4:00 pm

WEST DES MOINES PARKS AND RECREATION

ADULT VOLLEYBALL APPLICATION - FALL SEASON - 2015

The following application needs to be completed and submitted at the time rosters and fees are turned in. Please type or print all information legibly.

1. Last season/year WDM Volleyball Team Information (if applies)

Team Name _____ Manager's Name _____

Name of League _____ Day you played on _____ Season _____ Year _____

2. Current WDM Volleyball Season Information

Team Name _____ Manager's Name _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____ **Second email** _____

(REQUIRED)

3. Name of League Desired: 1st _____ 2nd _____ 3rd _____
(Fill in 5 number program code listed by each league) (List only leagues in which your team will be able to attend)

4. Team has "returning status"? (at least 51% of last years/seasons roster) Yes No

What % are returning? _____

Total # of players returning from last seasons/years team? _____

5. Total number of players on roster (minimum of 8 players / 4 men & 4 women for Coed) _____

6. Total # of players who reside within The City of West Des Moines? _____

7. Fees Submitted:

Team Entry Fees

Power Leagues-	\$225.00	_____
6% Sales Tax-	\$13.50	_____
Non-Resident Fees-	\$6.00 per {Non-resident of WDM }	_____

TOTAL FEES PAID _____

Deadline to Apply.....Thursday, August 13, 4:00 pm

Office Use Only:	Date received_____	Received by_____	Fees Collected_____	Date Inputted_____
	Time received_____	Check from_____	Check #_____	Inputted By_____

<u>Credit Card Info</u>			
Mastercard _____	Credit Card Number _____	Last 3 #'s on back of card _____	
Visa _____	Printed Name _____	Signature _____	Exp. Date _____
Discover _____	DEBIT CARDS NOT ALLOWED		

WEST DES MOINES PARKS AND RECREATION DEPARTMENT

Official Volleyball Team Roster

NAME OF TEAM _____ LEAGUE _____

NAME OF MANAGER(print) _____ SIGNATURE _____

MAILING ADDRESS _____

CITY _____ ZIP _____

CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

PRIMARY EMAIL _____ SECONDARY EMAIL _____

(Managers name must be listed below if playing on the team)

*** READ BEFORE SIGNING ROSTER ***

In consideration of being allowed to participate in the activities and programs of the City of West Des Moines Parks and Recreation Department, and to use its facilities, equipment or machinery, I, being of legal age, do hereby assume full responsibility for any risk, and waive, release, and forever discharge the City of West Des Moines, its officials and officers, employees, agents and representatives, from any and all liability claims, causes of action, demands, and expenses of every kind which may arise out of or relate to my participation in the activity that is the subject matter of this executed form. I further acknowledge that this release of liability is full and complete, and includes all injuries, damages, losses, known or unknown, which may hereafter develop as related to or arising out of the activity which is the subject matter of this executed form.

Photographic Release: Participants do hereby grant and convey unto the City all right, title, and interest in any and all photographic images and video or audio recordings made by the City during the Participant's Activities with the City, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

MINIMUM OF 8 AND MAXIMUM OF 20 MUST BE ROSTERED AT ALL TIMES

*Please place asterisk next to "Returning Players"

1.____ Name (print) _____ Signature _____

Returning Current Home Address _____

Zip Code _____ Phone _____ Email _____

2.____ Name (print) _____ Signature _____

Returning Current Home Address _____

Zip Code _____ Phone _____ Email _____

3.____ Name (print) _____ Signature _____

Returning Current Home Address _____

Zip Code _____ Phone _____ Email _____

4.____ Name (print) _____ Signature _____

Returning Current Home Address _____

Zip Code _____ Phone _____ Email _____

5.____ Name (print) _____ Signature _____

Returning Current Home Address _____

Zip Code _____ Phone _____ Email _____

6.____ Name (print) _____ Signature _____

Returning Current Home Address _____

Zip Code _____ Phone _____ Email _____

7.____ Name (print) _____ Signature _____

Returning Current Home Address _____

Zip Code _____ Phone _____ Email _____

8.____ Name (print) _____ Signature _____

Returning Current Home Address _____

Zip Code _____ Phone _____ Email _____

9.____ Name (print) _____ Signature _____

Returning Current Home Address _____

Zip Code _____ Phone _____ Email _____

***** READ BEFORE SIGNING ROSTER *****

In consideration of being allowed to participate in the activities and programs of the City of West Des Moines Parks and Recreation Department, and to use its facilities, equipment or machinery, I, being of legal age, do hereby assume full responsibility for any risk, and waive, release, and forever discharge the City of West Des Moines, its officials and officers, employees, agents and representatives, from any and all liability claims, causes of action, demands, and expenses of every kind which may arise out of or relate to my participation in the activity that is the subject matter of this executed form. I further acknowledge that this release of liability is full and complete, and includes all injuries, damages, losses, known or unknown, which may hereafter develop as related to or arising out of the activity which is the subject matter of this executed form.

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MINIMUM OF 13 AND MAXIMUM OF 20 PLAYER ON ROSTER

10.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
11.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
12.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
13.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
14.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
15.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
16.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
17.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
18.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
19.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
20.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____